



Commissioner for Patents  
Washington, DC 20231  
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Bib Data Sheet

CONFIRMATION NO. 6176

<b>SERIAL NUMBER</b> 09/706,584	<b>FILING DATE</b> 11/03/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 5756-0006.30
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**APPLICANTS**

Richard L. Mueller, Byron, CA;  
U. Hiram Chee, Santa Cruz, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/163,698 11/05/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 02/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Seung</i> Initials				

**ADDRESS**

Pennie & Edmonds, LLP  
1155 Avenue of the Americas  
New York, NY 10036

**TITLE**

Method and devices for heart treatment

<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



## UNITED STATES PATENT AND TRADEMARK OFFICE

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<b>SERIAL NUMBER</b> 09/706,584	<b>FILING DATE</b> 11/03/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 5756-0006.30	
<b>APPLICANTS</b> Richard L. Mueller, Byron, CA; U. Hiram Chee, Santa Cruz, CA;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/163,698 11/05/1999					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 02/10/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>JH</i> Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 22918					
<b>TITLE</b> Method and devices for heart treatment					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		